

ANNEX 2: HEALTH FACILITY EXIT SURVEY

Good morning/afternoon. My name is _____ and I am working on a programme assessment of the vaccination of children in this locality. Our goal is to help improve the vaccination programme in general. I would like to respectfully ask for your help in answering the questions in this assessment. I know you are busy, so we will interview you for only a few minutes. Your participation is voluntary and anonymous. Would you be willing to answer these questions? Thank you very much.*

Questionnaire Serial Number

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THIS IS PRE-ASSIGNED CENTRALLY

Date of interview

Day

--	--	--

Month

--	--	--

Year

--	--	--

Interview start time:

Hour

--	--	--

Minutes

--	--	--

GEOGRAPHICAL LOCATION

Name of interviewer:

--

Supervisor:

--

Name of health facility:

--

Sub-county

--

County

--

A. Classification of this health facility

1. Public/Government service

--

2. Private

--

3. Non-Profit

--

4. Faith-based organization

--

5. Other

--

Specify: _____

B. Type of health facility

1. Hospital

--

2. Clinic

--

3. Health center

--

4. Health Post

--

C. Filter

The child appears to be <24 months

1. Yes

--



CONTINUE

(RECORD RESPONSE IN TRACKING FORM PLEASE)

2. No

--



**THANK THE PERSON AND RECORD THE ENCOUNTER IN
TRACKING FORM**

SECTION 1: DATA ON THE CHILD

(IN CASE OF MORE THAN ONE CHILD, CHOOSE THE YOUNGEST CHILD)

1. Date of birth

Day

--	--	--

Month

--	--	--

Year

2. Sex or Gender of child

1. Male

--

2. Female

--

3. Why did you bring the child to this health care facility today? **(DO NOT READ OUT THE CHOICES)**

1. For medical consultation (child is sick)

--

2. For vaccination

--

3. Healthy child visit or growth/development check-up

--

4. Child is only accompanying (not for treatment, vaccination)

--

5. Hospitalization (child was admitted or is still on admission)

--

6. Other

--

Specify: _____

SECTION 2: DATA ON THE CHILD'S CAREGIVER, PARENT/GUARDIAN

5. What is your relationship to the child?

- 1. Mother ☐
- 2. Father ☐
- 3. Grandparent ☐
- 4. Uncle/aunt ☐
- 5. Brother/sister ☐
- 6. Other ☐ Specify: _____

6. Can you read and write?

- 1. Yes ☐
- 2. No ☐

7. Level of formal education

- 1. No formal education ☐
- 2. Did not complete primary (less than 6 years) ☐
- 3. Completed primary ☐
- 4. Completed secondary school ☐
- 5. More than secondary ☐

8. What do you do for a living?

- 1. Housewife (work is housekeeping) ☐
- 2. Employee or laborer ☐
- 3. Farming ☐
- 4. Self-employed ☐
- 5. Boss or employer ☐
- 6. Other ☐ Specify: _____

9. By what means of transportation do you usually come to this facility?

- 1. Walk ☐
- 2. Bicycle ☐
- 3. Motorcycle ☐
- 4. Car ☐
- 5. Bus ☐
- 6. Ox carts ☐
- 7. Other ☐ Specify: _____

10. How long does it take you to get here?

_____ Hours _____ Minutes

11. Have you heard or seen messages on vaccination in the last one month?

- 1. Yes ☐ ➡ CONTINUE WITH QUESTION 12
- 2. No ☐ ➡ SKIP TO QUESTION 13

12. Where/how did you hear or see the message? **(DO NOT READ OUT THE OPTIONS. CHECK ALL THAT APPLY)**

- 1. Radio ☐
- 2. Television ☐
- 3. Newspaper ☐
- 4. Health facility ☐
- 5. Telephone message ☐
- 6. Facebook or internet ☐

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7. Children's school ☐
8. Place of worship ☐
9. During home visit by health workers/health outreaches ☐
10. Community meetings ☐
11. Other ☐ Specify: _____

13. Do you feel that you know the vaccines your child needs and when they should be given?

1. Yes ☐
2. No ☐
3. Not sure ☐

14. Has this child ever been vaccinated?

1. Yes ☐
2. No ☐

15. Have you ever requested vaccination service for this child and been refused?

1. Yes ☐
2. No ☐ ➡ SKIP TO QUESTION 17

16. If so, why didn't they vaccinate the child?

1. The doctor or nurse said it couldn't be done because the child was sick ☐
2. There were no vaccines, or there were no syringes or some other supply needed for vaccination ☐
3. It was not a vaccination day ☐
4. The vaccination area was closed ☐
5. The person in charge of vaccination was not there ☐
6. We didn't have the vaccination card/passport ☐
7. The hours for vaccination are limited ☐
8. Other ☐ Specify: _____

17. In your home, who makes the decision to vaccinate the children

1. Father ☐
2. Mother ☐
3. Other relatives ☐
4. Consensus of father and mother ☐
5. Other ☐ Specify: _____

SECTION 3: USE OF VACCINATION CARD/HEALTH PASSPORT AND INFORMATION ON VACCINES ADMINISTERED

18. Does your child have a vaccination card/health passport?

1. Yes, and I have it with me ☐ ➡ GO TO QUESTION 20
2. Yes, but I do not have it with me ☐ ➡ GO TO QUESTION 19a with Annex 5
3. No ☐ ➡ GO TO QUESTION 19b with Annex 5

19a. Could you tell us why you do not have the vaccination card/health passport with you today?

1. It is at the nursery school/day care center ☐
2. I left it at home (because I forgot to bring it) ☐
3. I left it home (because I didn't know it was important to bring it along) ☐
4. I lost it ☐ ➡ SKIP TO QUESTION 22

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5. The card/health passport has been damaged ☐
 6. I have never been given one ☐ ➔ SKIP TO QUESTION 23
 7. Because vaccination was not the reason for this visit ☐
 8. Other ☐ Specify: _____

19b. Why don't you have a vaccination passport?

1. I lost it ☐ ➔ SKIP TO QUESTION 22
 2. I have never been given one ☐ ➔ SKIP TO QUESTION 23
 3. I don't know ☐
 4. Other ☐ Specify: _____

Whenever the vaccination card or health passport is not with the caregiver today, request to complete the information in Annex 5 (Health Facility Register Follow-Up Form). Assure them that this information will only be used to match the records in the health facility register.

At the end of all the interviews, use the information from Annex 5 to complete the table below.

Remember to ALSO take a picture of the relevant pages/lines of the register. ➔ GO TO QUESTION 21

20. Request and examine the child's vaccination card/health passport or temporary vaccination document to fill out the following table.

Remember to take pictures of all the completed pages on the health passport/card

Vaccines	Date Administered, as written on the vaccination card or health passport			
	Dose 0	Dose 1	Dose 2	Dose 3
BCG		___/___/___		
Oral Polio	___/___/___	___/___/___	___/___/___	___/___/___
IPV		___/___/___		
DPT-HepB-Hib		___/___/___	___/___/___	___/___/___
Rotavirus		___/___/___	___/___/___	___/___/___
Pneumo (PCV)		___/___/___	___/___/___	___/___/___
Measles or MR		___/___/___	___/___/___	
Yellow Fever		___/___/___		

20b. Please review the entire maternal and child health booklet and indicate which recording areas are available and which ones have been filled. A recording area is considered filled or marked if ANY **deliberate** mark or information is included. If it is unclear whether there are deliberate markings or recorded information, perhaps due to damage to the document, then mark that you are unsure. **CHECK ALL THAT APPLY**

	Recording area available?		➔	Recording area marked?	
	No	Yes		Yes	Unsure
a) Child background information	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b) Vaccination history	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c) Vitamin A	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
d) Growth monitoring chart	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
e) Early eye or vision problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
f) Newborn child delivery	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
g) Not applicable (Document is not a Kenya MCH booklet)		<input type="checkbox"/>			

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21. Have you ever lost a vaccination card/health passport for this child?

1. Yes ☐
2. No ☐



SKIP TO QUESTION 23

22. Did you encounter difficulty getting it replaced?

1. Yes ☐
2. No ☐

23. Could you tell me what purpose the vaccination card/health passport serves?

1. To know what vaccines the child has had and which ones
are missing ☐
2. Other ☐ Specify: _____
3. Don't Know/No Response ☐

SECTION 4: TODAY'S VACCINATION

24. During today's visit, did the personnel/staff ask you for the child's vaccination card/health passport?

1. Yes ☐
2. No ☐



SKIP TO QUESTION 27



SKIP TO QUESTION 25

25. If No, did they ask for the vaccination status of the child?

1. Yes ☐
2. No ☐

26. Is this child up-to-date for all vaccines for which he/she is eligible?

1. Yes ☐
2. No ☐
3. I don't know ☐

27. Was your child vaccinated here today?

1. Yes ☐
2. No ☐



SKIP TO QUESTION 30

28. Why didn't they vaccinate the child today? (Please DO NOT read the options)

**FIRST LISTEN TO THE REASONS GIVEN BY THE CAREGIVER AND THEN TRY TO CHOOSE THE RIGHT
OPTION FROM BLOCK A, B OR C BELOW**

BLOCK A: REASONS RELATED TO THE HEALTH WORKERS

1. The doctor/nurse said that the child was not eligible for vaccination today ☐
2. The health worker who saw us did not tell me about vaccinating the child today ☐
3. The doctor/nurse said that the child could not be vaccinated because
he/she was sick ☐

IF BECAUSE OF ILLNESS, WHAT TYPE OF DISEASE OR TREATMENT DID THE CHILD RECEIVE TODAY?

1. Minor illnesses such as mild fever, cold, cough, or diarrhoea ☐
2. Major illnesses requiring admission, such as severe pneumonia or
severe malaria ☐
3. Other illnesses such as intestinal parasitosis, malnutrition, anaemia,
dehydration, urinary tract infection ☐
4. Child is taking medications: ☐ Write down generic name _____
5. HIV or AIDS ☐
6. Other ☐ Specify: _____

Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK A ABOVE, ➡ SKIP TO QUESTION 40

BLOCK B: REASONS RELATED TO THE CAREGIVER

1. The last time the child was vaccinated, he/she got sick or had a reaction. ☐
2. My religion doesn't permit vaccination or I don't believe in vaccines ☐
3. Vaccination was not the purpose of this visit ☐
4. This child is already fully vaccinated for his/her age ☐
5. I don't trust the health workers/the vaccines in this health facility ☐
6. I forgot to take my child to the vaccination area ☐
7. I didn't have time today to wait for vaccination ☐
8. Other ☐ Specify: _____ ☐

Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK B ABOVE, ➡ SKIP TO QUESTION 40

BLOCK C: REASONS RELATED TO THE HEALTH FACILITY (LOGISTICS & ORGANIZATION)

1. There were no vaccines in the health facility today ☐
2. There were no syringes or other vaccination supplies ☐
3. Today is not a vaccination day in this health facility ☐
4. The vaccination area was closed ☐
5. The person in charge of vaccinations was not there ☐
6. There would have been a long wait ☐
7. The staff treated us badly ☐
8. Other ☐ Specify: _____ ☐

Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK C ABOVE, ➡ SKIP TO QUESTION 40

29. If your child was eligible for vaccination but was not vaccinated today, did the health worker refer you to or inform you where you can receive the missing vaccine doses?

1. Yes ☐
2. No ☐

SECTION 5: QUALITY OF THE VACCINATION SERVICE

30. How long did you wait today for your child to be vaccinated? Hours: _____ Minutes: _____

31. Did they tell you today what vaccines they gave the child?

1. Yes ☐
2. No ☐

32. Today, did they tell you the date of the next vaccination appointment?

1. Yes ☐
2. No ☐

33. Today, did they write down for you the date of the next vaccination appointment?

1. Yes ☐
2. No ☐

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34. Did you receive information today on the reactions or side effects that can occur following vaccination?

1. Yes ☐
2. No ☐ ➡ **SKIP TO QUESTION 37**

35. If so, what did they mention? (choose all that apply)

- ☐ Pain at injection site
☐ Fever
☐ Rash
☐ Diarrhea
☐ Vomiting
☐ Other Specify: _____

36. Did you receive information today on what you should do if the child has reactions or side effects to the vaccines?

1. Yes ☐
2. No ☐

37. Are you satisfied with the service provided today?

1. Yes ☐
2. No ☐ ➡ **SKIP TO QUESTION 39**

38. Why were you satisfied with the service?

1. Immediate attention ☐ ➡ **SKIP TO QUESTION 40**
2. Friendly treatment by staff ☐ ➡ **SKIP TO QUESTION 40**
3. No charge for service ☐ ➡ **SKIP TO QUESTION 40**
4. Other ☐ Specify: _____ ➡ **SKIP TO QUESTION 40**

39. Why were you NOT satisfied?

1. Had to wait a long time ☐
2. The staff was discourteous ☐
3. The language that the health workers use is not clear ☐
4. They did not explain what vaccines they had given the child ☐
5. Other ☐ Specify: _____

40a. Have you ever been asked to pay for vaccines given to a child?

1. Yes ☐
2. No ☐

40b. What type of health facility asked you to pay?

1. Public ☐
2. Private ☐
3. Don't know ☐

41a. Have you ever been asked to pay for a health card/passport for a child?

1. Yes ☐
2. No ☐

41b. What type of health facility asked you to pay?

1. Public ☐
2. Private ☐
3. Don't know ☐

SECTION 6: REASONS TO VACCINATE CHILDREN

42. Could you tell me the purpose of vaccines? (CHECK ALL THAT APPLY) **Please DO NOT read out the options**

- 1. To prevent diseases ☐
- 2. So children will grow up healthy ☐
- 3. To cure/heal diseases ☐
- 4. They don't do any good ☐
- 5. Not sure what they are for ☐
- 6. Other ☐ Specify: _____

43. Do you think your child could get diseases if you don't vaccinate him/her?

- 1. Yes ☐
- 2. No ☐

44. What suggestions do you have to improve vaccination services? (CHECK ALL THAT APPLY)

- 1. There should be more vaccination personnel ☐
- 2. There should be less of a wait ☐
- 3. Hours and days when vaccinations are available
should not be limited ☐
- 4. Vaccination should remain free ☐
- 5. The treatment of the public, and of the children
being vaccinated, should be friendlier ☐
- 6. The health center should always have vaccines ☐
- 7. They should provide information on the vaccines
that are being given, on the diseases that
they prevent, and on the reactions
that they produce. ☐
- 8. Other ☐ Specify: _____
- 9. None ☐
- 10. Don't know ☐

Interviewer: Thank the interviewee and note the time when the interview was concluded. Read the following statement:

"Remember that vaccination is a right for all people. Demand this right and remember to bring your child's vaccination card to the health facility each time you visit the centre for any reason."

Interviewer's remarks: _____

Supervisor: Please check the completed form for accuracy and completeness

- 1. Form is complete and accurate (skip patterns adequately observed) ☐
- 2. There are no errors or inconsistencies on the form ☐

Supervisor's remarks: _____

Supervisor's full name: _____

Supervisor's signature: _____